



NOTICE OF INTENT TO WORK IN TEXAS UNDER RECIPROCITY

PRIOR TO PERFORMING RADIATION WORK IN TEXAS:

BRC Form 252-3 must be received by the Agency (via mail or telefax) at least 3 days prior to using radioactive material ["RAM"] or x-ray producing devices in Texas. However, telephone notification to (512) 834-6688, ext. 2005 is permitted if entry into the state could not be anticipated. Any verbal or written notification must include all of the information requested below. This form may be obtained on the BRC Web Page at: ► www.tdh.state.tx.us/radiation/reciprocity You must have a valid Agency letter which grants reciprocal recognition of your license/certificate of registration.

NOTIFICATION INFORMATION :

Company Name: _____ Materials License No.: _____
Mail Address: _____ Issuing Agency/State: _____
City / State / Zip: _____ X-Ray Registration No.: _____
Corporate RSO Telephone No.: () - _____ Issuing Agency/State: _____

►► Do you possess an Agency letter that grants reciprocal recognition of your license / registration? **Yes () No ()**

Person(s) Who Will Use RAM and/or X-Ray: _____
Texas Hotel / Motel (Name) and Phone No.: _____ () - _____

► **Radiographic Personnel Only:** Are documented qualifications for each user on file with this Agency? **Yes () No ()**

Date You Were Notified of this Job: _____ Type of Activity: _____
Duration of Work: From _____ (date) to _____ (date). Total Work Days: _____
Customer Name: _____ City: _____
Customer Rep. in Charge of TX Job Site: _____ Phone: () - _____
Location of, and Directions to, the Job Site: _____
(Include Road/Street Names, Hwy. Nos., _____
Wellfield and Mileage Between Points.) _____

RADIOACTIVE MATERIAL and/or X-RAY DEVICE INFORMATION:

Radionuclide: _____ Activity: _____ || X-Ray Manufacturer: _____
Sealed Source Model Number: _____ || X-Ray Model No.: _____
Sealed Source Serial Number: _____ || X-Ray Serial No.: _____
Source Holder/"Camera" Manufacturer: _____ ||
Model Number: _____ Serial Number: _____ ||
Date When Next Leak Test Due: _____ ||

MAIL OR TELEFAX FORM TO:

Texas Department of Health
Bureau of Radiation Control
1100 West 49th Street
Austin, Texas 78756-3189
Telephone: (512) 834-6688

FAX NO.: ►► (512) 834-6654

(Fax number is operational 24 hours per day.)

I hereby certify that all information on this "NOTICE" is true and complete.

Signed: _____ Dated: _____

Print Name: _____

Title: _____

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Ref: Government Code, Section 552.021, 552.023, 559.003 and 559.004).